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By: _____

Kimberly Melvin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/720,535	Confirmation No.:	4400
Applicant	:	Michael Thompson		
Filed	:	November 24, 2003		
TC/A.U.	:	3763		
Examiner	:	Michael Thompson		
Docket No.	:	PA1286 CIP		
Customer No.	:	28390		
Title	:	Catheter and Guidewire Exchange System With Improved Proximal Shaft and Transition Section		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicants submit an executed Supplemental Declaration/Power of Attorney document and a Redlined Copy of the Filing Receipt and, which should read as follows:

PAULA MCDONNELL

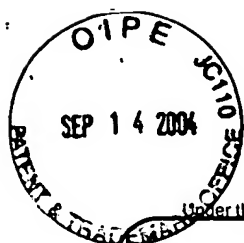
Furthermore, Applicants request that the city of residence be changed from GALAWAY, IRELAND to GALWAY, IRELAND.

Reconsideration of this Application and entry of this Request for a Corrected Filing Receipt is respectfully requested. The undersigned can be reached at (707) 543-0221.

Respectfully submitted,

Catherine C. Maresh
Registration No. 35,268
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PTO/SB/21 (02-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/720,535
	Filing Date	November 24, 2003
	First Named Inventor	Richard Gribbons et al.
	Art Unit	3763
	Examiner Name	Michael Thomspson
Total Number of Pages in This Submission	Attorney Docket Number	PA1286 CIP

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Corrected Filing Receipt; Redlined Copy of Filing Receipt; Executed Declaration; and...
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Return Postcard	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Catherine C. Maresh Medtronic Vascular, Inc.
Signature	
Date	September 10, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Kimberly Melvin		
Signature		Date	September 10, 2004

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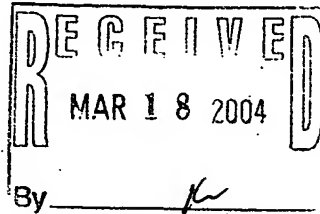
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/720,535	11/24/2003	3763	770	PA1286 CIP	10	9	1

28390
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 SANTA ROSA, CA 95403



CONFIRMATION NO. 4400

FILING RECEIPT



OC000000012106446

Date Mailed: 03/15/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Domestic Priority data as claimed by applicant

This application is a CIP of 10/251,477 09/20/2002
 and claims benefit of 60/479,695 06/19/2003

Foreign Applications

If Required, Foreign Filing License Granted: 03/12/2004

Projected Publication Date: 06/24/2004

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Non-Publication Request: No

Early Publication Request: No

Title

Catheter and guide wire exchange system with improved proximal shaft and transition section

Preliminary Class

604

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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